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Swaziland

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List of acronyms

ACHPR	African Charter on Human and Peoples Rights
AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
AU	African Union
CAT	Convention Against Torture
CED	Convention for the Protection of All Persons from Enforced Disappearance
CEDAW	Convention on the Elimination of All Forms Discrimination Against Women
CSTL	Care and Support to Teaching and Learning
ECCE	Early Childhood Care and Education
EDSEC	Education Sector
EHCP	Essential Health Care Package
ENSF	Extended National Strategic Framework
ESSP	Education Sector Strategic Plan
FPE	Free Primary Education
HIV	Human Immunodeficiency Virus
HSSP	Health Sector Strategic Plans
ICRMW	International Convention on Protection of the Rights of All Migrant Workers and Members of the Families
ILO	International Labour organisation
LGBT	Lesbians Gays Bisexual and Transgender
MICS	Multiple Indicator Cluster Survey
MoET	Ministry of Education and Training
MoH	Ministry of Health
NERCHA	National Emergency Response Council on HIV and AIDS
NETIP	National Education and Training Improvement Programme
NSF	National Strategic Framework
OVC	Orphan and Vulnerable Children
PEPFAR	President's Emergency Plan for Aids Relief
PLHIV	People Living with HIV
SPC	Swaziland Primary Certificate
TB	Tuberculosis
TVET	Technical and Vocational Education Training

Contents

		Page
I.	Introduction	4
II.	Methodology and consultation process	4
III.	Developments since the last review: normative and institutional framework	4
IV.	Follow up to the last review: implementation of accepted recommendations	6
	A. Treaty ratifications	6
	B. Thematic issues	7
V.	Achievements and best practices, challenges and constraints	12
	A. Achievements and best practices	12
	B. Challenges and constraints	15
VI.	Key national priorities	17
VII.	Expectations in terms of capacity building and technical assistance	19

I. Introduction

1. The Working Group on the Universal Periodic Review (UPR) reviewed the Kingdom of Swaziland's first national report on 4 October 2011. During the interactive dialogue before the Working Group, Swaziland received a total of 139 recommendations. On 6 October 2011, the Working group adopted its report on Swaziland's first UPR. On 15 March 2012, the Human Rights Council adopted the outcome from the Working Group's report which contained 28 recommendations for Swaziland.

2. This report sets out progress made in the implementation of the 28 recommendations arising from the first cycle of the UPR.

II. Methodology and consultation process

3. On 8 September 2015 Cabinet approved the establishment of the Government UPR National Steering Committee to consult, write and present Swaziland's second National Report to the UPR to the United Nations Human Rights Council. The Committee was chaired by the Ministry of Justice and included the Prime Minister's office, Deputy Prime Minister's, Ministry of Labour, Ministry of Health, Ministry of Education, Academia, Non-Governmental Organisations and Civil Society Organisations.

4. In late September 2015 a workshop was held at Ezulwini, Swaziland to provide technical advice on preparation of Swaziland's Second National Report. The workshop was facilitated by the Regional Office for Southern Africa of the United Nations High Commissioner for Human Rights and the United Nations country team. This workshop provided an opportunity by the UPR stakeholders to reflect on the common understanding of the UPR process and to discuss the national experiences on the last UPR, implementation and progress made on the recommendations, key challenges and the drafting of the Second Report.

5. In early February 2016, the Government led by the Ministry of Justice conducted a consultative meeting with all the relevant stakeholders. In this meeting the draft report was presented and discussed with a view of collecting inputs from the stakeholders. The relevant inputs were subsequently incorporated in this report.

6. The Report was submitted to Cabinet and thereafter to the Human Rights Council.

III. Developments since the last review: normative and institutional frame work

7. The Swaziland Constitutional framework on the respect for, promotion, protection and fulfilment of all human rights and fundamental freedoms is provided for under Chapter 3 (Bill of Rights) of the Constitution of Swaziland Act No., 001/2005 ("the Constitution").

8. Swaziland has put in place an institutional framework that will help improve its human rights record. The institutions include the Human Rights Commission which doubles as an Integrity Commission responsible for the protection and promotion of human rights; The Election and Boundaries Commission responsible for the free and fair conduct of elections; The Land Management Board responsible for the overall management and regulation of any right or interest in land; Government Ministries and Departments. There is also an active civil society that continues to make contributions to the promotion and protection of human rights.

9. Swaziland practices a Tinkhundla-Based Electoral System of Government as provided in Section 79 of the Constitution which provides that the Tinkhundla System is a democratic and participatory system which emphases devolution of power from central government to Tinkhundla (constituencies) areas and individual merit as a basis for election or appointment to public office.

10. Section 93 of the Constitution provides that the Legislature consists of a Senate and a House of Assembly. Presently the Senate consists of 30 senators, 20 of whom were appointed by the King and 10 elected by the House of Assembly. The House of Assembly comprises of 65 members. 55 members were elected by the public and 10 were appointed by the King. In 2013 Swaziland successfully held a second general election under the new constitutional dispensation.

11. In the 2013 elections cycle, 414,704 voters were registered to vote which is 70% of the voter population. Of these registered voters 230,571, voted which indicates a 56% voter turnout.

12. The electoral process with regard to participation of political parties is governed by Section 79 of the Constitution which has been further interpreted by the Supreme Court case of *Sithole NO and Others v The Prime Minister and Others, SC 50/2008*. Although the case pronounced that political parties are not allowed to field candidates, members of such parties can participate on individual merit. For example, in the current Parliament we have members who were elected to Parliament although they are members of political parties.

13. Swaziland is progressively moving towards honouring its reporting obligations to the treaty monitoring bodies. To this end, on 13 March 2012 Swaziland submitted its combined initial and second periodic reports to the Committee on the Elimination of All Forms of Discrimination Against Women. The Committee considered the combined reports on 10 July 2014. Currently the country has started working on its second periodic report to the Committee on the Rights of the Child.

14. On 24 September 2012 Swaziland implemented recommendations made in the first cycle of the UPR by ratifying the following international instruments:

(a) Convention on the Rights of Persons with Disabilities;

(b) Optional Protocol to the Convention on the Rights of Persons with Disabilities;

(c) Optional Protocol on the Convention on the Rights of the child on the involvement of children in armed conflict;

(d) Optional Protocol to the Convention on the Rights of the child on the sale of children child prostitution and child pornography.

15. Additionally, the country also ratified/ acceded to a number of regional and International human rights based instruments including but not limited to:

(a) Convention Against Organized Crime of (2000);

(b) Protocol Against Smuggling in Persons by Land, Sea and Air (2000);

(c) The Hague Convention on the Inter-country Adoption (1993).

16. The Commission on Human Rights and Public Administration now has a fully functional Secretariat with a staff complement of 8. The secretariat will enhance the Commission to achieve its constitutional mandate of promoting and protecting human rights, ensuring equitable access to public services for all and fostering leadership that is accountable to all people. In particular it is expected that the Commission will now

effectively deliver on its mandate and take appropriate action for the remedying, correction or reversal of instances of violation of fundamental rights and freedom under the Constitution, complaints of injustice, corruption, abuse of power and unfair treatment of any person by a public officer through such means as are fair, proper and effective.

17. The Commission has also secured office space, in the capital city Mbabane Office Park, which is more accessible to the public in particular members of vulnerable groups such as widows and the disabled, who would not easily access the offices of the Commission at Lobamba.

IV. Follow up to the last review: implementation of accepted recommendations

A. Treaty ratifications

Ratify the International Convention for the Protection of All Persons from Enforced Disappearance[1]

18. Swaziland signed the CED on 25 September 2007 but is yet to consider accession to this treaty.

Ratify the Rome Statute of the International Criminal Court[2]

19. Swaziland aligns itself with the decision taken by the Extraordinary Session of the Assembly of the African Union (AU) taken in Addis Ababa, Ethiopia in October 2013 that no charges shall be initiated or continued before any International Court against any serving AU Head of State or Government. Swaziland will consider acceding to the Rome Statute when article 27 of the statute is amended to allow for the immunity of a serving Head of State or Government.

Ratify the Optional Protocol to the Convention Against Torture[3]

20. Swaziland acceded to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment on 25 April 2004. Further Section 18 of the Constitution prohibits torture and inhuman or degrading treatment or punishment. Given the country's commitment towards eradication of all forms of torture, there are ongoing efforts to take the optional protocol through the necessary steps of ratification as articulated by the Constitution in Section 238. The process entails approval of the instrument through an Act of Parliament or through a joint sitting of both chambers of parliament. Strengthening of structures like the Commission on Human rights is aimed at improving efforts to prevent and eradicate torture.

Ratify the International Convention on Protection of the Rights of All Migrant Workers and Members of their Families[4]

21. Swaziland is yet to consider ratifying the ICRMW.

B. Thematic human rights issues

Put in place a national mechanism for the prevention of torture as set out in CAT, specifically criminalise torture and put in place effective measures to prepare and punish any violations.[5]

22. As set out in CAT, the country has invested resources to strengthen the capacity of the Commission on Human rights to build the capacity of all duty bearers with the intention of preventing torture. The Commission as mandated by the Constitution is working on capacitating key government role actors and support setting up on structures that will provide sufficient redress to victims of torture.

Specifically criminalise torture and put in place effective measures to prevent and sanction the use of torture.[6]

23. As means to effectively address torture, the country is in the process of working towards a legislation that will systematically address the prevention and response to cases of torture.

Abrogate without delay the legislative and regulatory provisions that discriminate women, and adopt new laws in accordance with the principle of gender, as set out by CEDAW.[7]

24. To illustrate the country's commitment towards gender equality, over and above the ratification of CEDAW, the country has committed itself to a number of instruments to this effect. These include the African Charter on Human and Peoples Rights on the Rights of Women in Africa. Locally, these have been domesticated:

(a) The Deeds Registry Act was amended in 2012 to give effect to the rights of women married in community of property to own land and have it registered in their own names;

(b) The Sexual Offenses and Domestic Violence Bill seeks to address all forms of sexual violence against women and children. The Government of Swaziland is investing all necessary efforts to accelerate enactments by Parliament;

(c) The common law rule that married women had no capacity to litigate without the assistance of their husbands was declared inconsistent with the constitutional right to equality by the High Court in *Sihlongonyane and others v Sihlongonyane [2013 SZHC 144]*.

Take further measures to eliminate discriminatory cultural practises.[8]

25. Section 28 of the Constitution protects women from being subjected to cultural practises that they are in consequence opposed to.

Develop and implement a national strategy to eliminate stigma and discrimination against people living with HIV/AIDS, and ensure that OVC's have access to health and education services and protected from violence and abuse.[9]

26. Through the National Emergency Response Council on HIV/AIDS (NERCHA) the government of Swaziland reviewed the National Multi Sectoral strategic Framework for HIV and AIDS 2009-2014 and developed an extended National Multi Sectoral Strategic Framework 2014-2018. The framework guides the national response to HIV and AIDS. The strategy covers issues of prevention, treatment, impact and mitigation including addressing issues of stigma and discrimination.

27. Over and above the aforementioned strategy the country has also enacted Code of Good Practice on Industrial Relations which has specific provisions on HIV and AIDS. The objective of the HIV and AIDS provision is to eliminate discrimination in the workplace based on a person's HIV status.

28. The Government has rolled out a public health initiative in the public sector to contribute in the general health of her employees as well as address stigma and discrimination.

29. There has been a drastic scale up of Antiretroviral Therapy (ART) by the Ministry of Health (MoH). An increase in the number of ART sites from only 24 ART sites in 2006 to 133 by end of 2014. By the end of 2014, a total of 125,421 people on ART, with 7,906 (6%) being children under 14years. With an increase in the number of people on ART, a key priority for the MoH is to ensure that there is minimal deaths of people on ART. These figures demonstrate the survival rate of people on ART. In the past, the MoH was losing almost 60% of people within the first three months after initiating treatment (ARVs). This has improved over the years and from the figure it is worth noting that +/-3% are lost either through death, stoppage of treatment within the first six (6) months. Government continues to subsidise health care in public facilities.

30. The country enacted comprehensive protective legislation for children in 2012 (Child Protection and Welfare Act 2012). This legislation seeks to provide protection for children from abuse and to promote their welfare and best interests. Over and above this legislation, the country has a children's policy which also provides a clear position of the policy statements that illustrate prioritisation of the protection and promotion of children's rights, in particular vulnerable children. Under the strong government social protection program, government offers an Orphan and Vulnerable Children's (OVC) grant which caters for vulnerable children's education.

31. The government of Swaziland has ensured free primary education for all Swazi children as enshrined in the Constitution and the Free Primary Education Act, 2012. Even though secondary school education is still not free, the government supports the vulnerable children by paying their fees through the through the OVC grant under the Deputy Prime Minister's portfolio.

32. According to the Multiple Indicator Cluster Survey, (MICS) 2014, the percentage of orphans and vulnerable children stands at 45.1% of all children in the country. Orphans who attend school are at 97.2% as compared to 98.6% of attendance of non-orphans.

Put in place rights training programmes for members of the judiciary and law enforcement officials, including the Police, Security forces and Correctional Officers.[10]

33. Through support from Development partners, a number of duty bearers have been trained on protection of people's rights. Over the last 2 years, Judicial officers have been trained on the how to invoke international instruments ratified by the country in particular the Convention of the Rights of the Child. The Judicial officers were equipped with skills to ensure that they can properly handle cases involving children in their courts. The trainings covered Magistrates from all the regions in the country. Other officers of the court who support the cases were also extensively trained to better understand how to handle cases involving victims of abuse and children. These training have also been offered to prosecutors for reasons of consistency.

34. Over 230 Police officers were also trained on a manual that was developed to improve their capacity in handling cases involving families and vulnerable clients. The manual which will subsequently be part of the training of all police officers has a comprehensive chapter on International Human Rights framework and the implications to the duties.

35. The Commission on Human Rights is working with the Police to have a more comprehensive training on Human Rights as part of police training. There are also ongoing efforts from the Commission to ensure that the training is more systematic and will target all the relevant stakeholders including the Army and Correctional staff.

Take concrete and immediate measures to guarantee the independence and impartiality of the judiciary.[11]

36. Section 141 of the Constitution articulates the independence of the Judiciary in both its judicial and administrative functions, including financial administration. To this end there has been progressive steps taken towards ensuring the independence of the judiciary. These steps include security of tenure of all judicial officers and a transparent process of appointing Judges. In 2015 vacancies in the High Court bench were advertised and candidates were interviewed in public.

37. The Judiciary has a budget separate from the Ministry responsible for the administration of justice. The judges' remuneration is not subject to annual appropriation but is charged on the consolidated fund.

Align national legislation with the international standards to guarantee freedom of assembly and association, in particular as regards the notification of the organization of peaceful assemblies.[12]

38. The Public Order Act, 1963 which currently regulates the organization of peaceful assemblies is under review. The Government has drafted a new Public Order Bill which repeals the current Act. The Bill guarantees the freedom of peaceful assembly and expression. It also provides for amongst other things, notification and consultation in respect of public gatherings and the regulation of powers of the Police during public gatherings.

39. The Bill does away the requirement that organisers of a public meeting or public gathering have to obtain a permit from the Police. Conveners of meetings or gatherings will have to give the Police at least 7 days notice or in special circumstances not less than 48 hours where valid reasons are advanced on why the 7 days notice could not be given.

40. The notification will be followed by a consultation process between the Police, Local Authorities and the conveners or organisers. This is where logistics will be discussed and agreed upon. For example, routes to be used and the start and dispersal times of the gathering. The Police and the Local Authorities may set conditions to the conduct of a gathering where there are concerns of public order and safety.

41. The Police will only be able to prohibit a gathering where they are satisfied on reasonable grounds that the gathering will endanger public order and public safety and that no amendment, condition or arrangement can be set or made to prevent the threats. The Bill incorporates a provision for judicial review of a decision by the Police to prohibit a gathering.

42. The Public Order Bill was drafted with technical assistance from the International Labour Organisation (ILO). It has been submitted to the Attorney-General for scrutiny before it is tabled before Cabinet for consideration and approval.

43. Furthermore, the Government is in the process of amending the Suppression of Terrorism Act of 2008 to avert the hindrance on the exercise of freedom of association by workers' organizations. The amendment seeks to exclude employee organizations from the definition of the phrase 'terrorist group'.

44. The Government also amended the Industrial Relations Act, 2000 to allow for registration of workers and employer federations and thereby ensuring that workers and

business enjoy freedom of association as provided for under ILO Convention No. 87 concerning freedom of association and the right to organize. The amendment was effected through the promulgation of the Industrial Relations (Amendment) Act, 11 of 2014. Workers and Employer Federations have been duly registered and are part of the social dialogue forum and are represented in all consultative fora where legislative and policy decisions relating to their socio-economic interest are taken.

45. Acting in accordance with the ILO's recommendation to the effect that the Government of Swaziland gives the right to organize for Correctional Services employees, the Government has reviewed the law establishing the Correctional Services by, inter alia, including the right to organize for such employees in the amended Correctional Service law. A Bill to give effect to the right to organize for the employees has been tabled in Parliament and will be debated soon.

46. The Government has also tabled in Parliament a Bill titled "Public Service Bill" which amongst other things seeks to strengthen collective bargaining in the Public Service and to improve service delivery. Similarly, this Bill was drafted in consultation with tripartite constituencies and was reviewed by the ILO before being tabled.

Prohibit corporal punishment in all settings.[13]

47. Although the country did not accept the abolishment of corporal punishment in all settings, but limited it to adults, the Child Protection and Welfare Act has abolished the use of corporal punishment as sentence in cases involving children. Over and above this provision, the Ministry of Education has rolled out a program on Positive discipline and is working on revising its policies and rules to be in line with the principles of positive discipline. The Ministry has also partnered with civil society organisations to promote the use of positive discipline in family settings. This initiative is aimed at gradually incorporating these principles in the different settings where corporal punishment has been practiced.

Take immediate steps to repeal laws which criminalise and/or restrict freedom of expression and of media, in particular the Sedition and Subversive Activities Act (1938) the Proscribed Publications Act (1968).[14]

48. Section 24 of the Constitution guarantees freedom of expression including freedom of the media. The constitutionality of the Sedition and Subversive Activities Act, in so far as it implicates the right to freedom of expression is pending before the courts.

49. To further promote the enjoyment of freedom of expression, free media and operationalization of independent media houses, the Government of Swaziland has enacted the Swaziland Communications Commissions Act 2013. This Act establishes a Commission whose objectives are *inter alia*; to regulate electronic communications, data protection in electronic communications, postal services, electronic commerce and broadcasting.

Set up commissions of inquiry for all cases of deaths in custody which take place in the national police, the army and the penitentiary services.[15]

50. The Inquest Act provides for an automatic inquiry where a death has occurred in the custody of the state. In light of this Act, for all the deaths that have occurred, the state has commissioned independent inquiries to those deaths.

Strengthen the institutions established to protect democracy.[16]

51. The Government has invested resources towards strengthening relevant institutions that seek to protect democracy in Swaziland. The independence, mandate and powers of the

Commission on Human Rights and the Elections and Boundaries Commission are expressly articulated and guaranteed by the Constitution. Government has subsequently allocated resources towards staffing and working equipment to enhance the efficiency of these institutions. Swaziland is working on compliance with the Paris principles to facilitate accreditation of the Human Rights Commission and subsequently its capacity strengthening and efficiency.

52. The Anti-Corruption Commission is a statutory body established by the Prevention of Corruption Act. The Act mandates the Commission to prevent and eradicate corruption and further guarantees and protects its independence. The government has prioritised the fight against corruption and has committed to ensuring workable budget allocation and technical capacity to ensure the commission's efficiency and effectiveness. The improvement in the independent international rankings of the Commission is an indication of the progress that has been made towards improving efficiency.

Implement measures to prevent violence against the Lesbians Gays, Bisexual and Transgender (LGBT) community.[17]

53. In so far as violence against LGBT community is concerned, there has been no record or reported acts of violence.

Institute an urgent review of laws, Regulations and procedures relating to the use of force and firearms by law enforcement officials.[18]

54. The laws, regulations and procedures governing the use of force and firearms by law enforcement officials was reviewed and found to be consistent with international human rights norms.

55. The use of force and firearms including lethal force is governed by the Criminal Procedure And Evidence Act. The criminal procedure code permits law enforcement officers to use lethal force as measure of last resort where their lives are in danger. Non-lethal force is used where a person suspected of criminal conduct resists arrest or flees and cannot be apprehended or prevented from fleeing by means other than the use of force.

Repeal or urgently amend the Suppression of Terrorism Act of 2008 and other pieces of security legislation to bring them in line with international human rights standards.[19]

56. The Suppression of Terrorism Act is currently under review. To this end the government has drafted the Suppression of Terrorism (Amendment) Bill, 2013. The purpose of the bill is to amend the definition of "terrorist act" and to provide for incidental matters. The bill is presently before Cabinet and from there it will be tabled before Parliament.

57. In addition to the legislative process there is a pending constitutional case before the High Court. In this case the definition of "terrorist act" and "terrorist group" are being challenge on the ground that they are inconsistent with the right to freedom of assembly and the right to freedom of association guaranteed by Sections 24 and 25 of the Constitution.

V. Achievements and best practices, challenges and constraints

A. Achievements and best practices

58. Since 2011 the Swaziland Government has continued to formulate and implement policies aimed at improving the quality of life of everyone in the country. These policies include amongst others.

59. Free Primary Education (FPE) Programme: This programme is designed to remove barriers and increase access to primary education for all school-going age children. It provides relevant quality education and eliminates all forms of disparities and irregularities in primary education. It is calculated to eradicate illiteracy and to equip every child with basic skills and knowledge in an endeavor to alleviate poverty. This is in line with Section 29(6) of the Constitution of Swaziland, which guarantees the right to free primary education in public schools.

60. FPE was successfully rolled out from grades 1–2 in 2010, by 2015 it was extended to grade 7 in 2015. The enrolment rate has increased from 231,555 in 2009 to 239,422 in 2012 and 247,717 in 2015. Indicators suggest that Swaziland is on track in achieving universal access to primary education specified in Millennium Development Goal 2. Achievement of access is but one aspect of the progress, there is need to ensure that all children complete primary education. Completion rates at primary levels suggested that repetition and dropout may have still pushed some of the children out of the system. In 2006/2007 the completion rate was about 59.3 percent, it increased to 76.4% in 2012, suggesting that more children stayed on to complete primary education. This is an improvement, which implied that more children are being retained by the system.

61. FPE provides support to primary education in the form of grants, free stationery and textbooks for all primary school pupils including those with special needs. Furthermore, the Swaziland Government has invested an average of E 560.00 (US $80) capitation grant per child. What is observed is that although boys participated more efficiently in the past, girls had taken over as their net enrolment figures rose above that of boys in 2009 and have remained higher ever since. Learners with special needs also benefited from FPE initiatives through getting specialized teaching and learning material and equipment.

62. The programme has resulted in the construction of more schools and additional classrooms in most schools, in an effort to reduce traveling long distances. The programme has led to the engagement of additional teachers, approximately one hundred and ten (110) per year. The programme has created more posts for the inspectorate to monitor quality standards in schools. The posts includes those of inspectors for Special Education Needs.

63. In addition to FPE Swaziland's commendable progress in the achievement of universal primary education has been caused by the improvement in school feeding schemes and the increase in school infrastructure. Over 90% of schools have access to electricity and potable water.

64. The HIV and AIDS Programme: As part of improving prevention of HIV, there has been an increase in the number of people accessing Anti-Retroviral Therapy (ART) due to the introduction of immediate access to ART, treatment for pregnant and breastfeeding mothers in the country. This is aimed at further reducing transmission of infections among people in the country.

65. There has been a drastic scale-up of ART by the Ministry of Health (MoH). By the end of 2014, a total of 125,421 people were on ART, with 7,906 (6%) being children under 14 years. With an increase in the number of people on ART, a key priority for the MoH is

to ensure that those on ART stay alive. In this regard it is pleasing to note that ART retention for adults and children at 36 months is 78% and 83% respectively.

66. The percentage of HIV infected infants born to HIV positive mothers has continued to reduce from 16.4% in 2011 to 9.17 in 2014 with a target of reaching 5% by 2018. This is as a result of increased coverage on ART for pregnant and breastfeeding mothers. The Ministry is progressively rolling out early ART initiation for all pregnant and breastfeeding mothers who are HIV positive where they receive ART as soon as possible regardless of their CD4 count. ART is known to have a preventative effect on transmission of HIV.

67. There has been an increase in the proportion of children having access to HIV testing as early as 6 weeks, and the coverage has reached 81%. More than 80% of public facilities are now able to collect blood for early infant diagnosis of HIV. Early infant diagnosis of HIV has ensured that more children in need of ART are provided with ART, as a step towards Universal coverage for Children on ART by 2018. The Government remains committed to financing the procurement of antiretroviral drugs, catering for approximately 90% of the budget.

68. The country declared HIV as a national disaster in 1999. This led to the creation of the National Emergency Response Council on HIV and Aids (NERCHA) in 2003 which coordinates multisectoral action to ending AIDS by 2022. It also mobilizes the necessary resources for the national response hence 40% of total financial resources for HIV are mobilised by domestic sources (The Government of Swaziland and private sector).

69. During the Declaration period 2000–2014, the following Policies have been put in place to support the effective National HIV response:

(a) National Strategic Framework (NSF) 2009-2014 and Extended National Strategic Framework (ENSF) 2014-2018. These provide a blueprint for multi-sectoral action for HIV. The Objectives of the ENSF are to half HIV incidence rate, avert 15% deaths amongst People Living with HIV (PLHIV) and in particular those with TB/HIV co-infection, and alleviate socio-economic impacts of HIV and AIDS among vulnerable groups and to improve efficiency and effectiveness of the national response;

(b) Health Sector Strategic Plans I and II (HSSP I and II). These provide the strategic focus of the health sector service delivery system. The objective of the HSSP II is to reduce morbidity, disability and mortality that are due to disease and other social conditions; Promote effective allocation and management of health sector resources; and reduce the risk and vulnerability of the country's population to social welfare problems as well as the impact thereof;

(c) National Parliament Strategy on HIV and AIDS (2009-2014) and currently being reviewed and a new strategy would be developed covering the period 2016-2021. The objective is to enhance the engagement and effective participation of law makers in the national response to HIV and AIDS in Swaziland;

(d) 69.4 Swaziland National Social and Behaviour Change Communication Strategy (SBCC) – 2009–2014 to guide the implementation of structured HIV prevention services;

(e) Prevention of mother to child transmission (PMTCT): Swaziland has played a pivotal role in that by the end of 2004 there were only 4% of women receiving PMTC and by the end of 2014 it had increased to 86%. HIV infections amongst children have been reduced from 21.6% in 2006 to less than 10% by end of 2014;

(f) National Male Circumcision Policy (2009). The aim of the Policy is to scale up male circumcision as a proven HIV prevention strategy, alongside other prevention

interventions. Similarly a national male circumcision programme (2014–2018) has been developed to accelerate access scale male circumcision from 27% in 2014 to 80% by 2018;

(g) National Policy on Children (2009). The policy aims to ensure that appropriate interventions are put in place to adequately care for and protect children in general; and orphaned and vulnerable children in particular;

(h) HIV Treatment Guidelines (2003, 2008, 2011, 2014). These provide operating procedures for administering HIV treatment for people living with HIV in need of treatment. The country has now adopted test and treat policy and pilot studies are already underway. In a bid to further increase access to prevention services, the country has commissioned a scoping on the feasibility of introducing Pre Exposure Prophylaxis. Eligibility thresholds have been constantly expanded to current CD4 count 500 cells/mm3 and removed CD4 eligibility and WHO criteria for certain population groups;

(i) Draft Swaziland HIV Investment Case. This is a pathway towards the national vision of attaining an AIDS-free Swaziland by 2022, which is also aligned to the global objective of ending AIDS by 2030;

(j) An assessment on National Legal and Regulatory Framework for HIV/ AIDS in Swaziland was conducted by UNDP in 2014. Findings of the report show that Swaziland has taken positive measures towards the alignment of local laws and regulations that provides for human rights protection for every citizen from unfair discrimination which would include people living with HIV/AIDS. This is evidenced through the Parliamentary Bills as well as HIV/AIDS policies and frameworks. There is also evidence of the country's commitment to align to international norms as well as regional declarations that seek to protect rights of people living with HIV/AIDS. There country has laws that protect citizens from stigmatization and discrimination on the basis of HIV status. These include the National Constitution, Labour Policy and Sector Policies that are derived largely from the national and international documents.

70. The Malaria Prevention Programme: Swaziland continues to do well in response to malaria with the country being recognized for its leadership and efforts in malaria response by the African Union Certification of Malaria Elimination by 2018. A lot of progress has been made since adoption of the elimination strategy in 2009, and there has been a significant decrease in the number of malaria cases and deaths reported by the different health facilities. A strategic plan 2015-2020 has been developed to guide the country after achieving malaria elimination in 2015 up until WHO certification in 2018 and beyond.

71. In recognition and celebration of the country's achievements in the fight against Malaria, Global Malaria Experts known as the Malaria Elimination group held its tenth meeting in Swaziland in November 2015, where it was concluded that the country is likely to be the first in eliminating malaria in Southern Africa. Hence the country remains committed to strengthening the elimination agenda.

72. Both the incidence and deaths rates of malaria in the country have significantly dropped as the country draws closer to elimination. The success could be attributed to:

(a) The strengthened health facility mentoring and monitoring visits by the programme to ensure adherence to the National Diagnosis and Treatment guidelines by health care workers;

(b) The strong management and resource mobilisation mechanism which has enabled the programme to secure resources up to 2018;

(c) The introduction of active case surveillance of all confirmed cases by the programme. Cases are followed up immediately after confirmation before possibilities of onward transmission;

(d) The consistent Indoor Residual Spraying coverage of above 90% annually.

73. Promotion of Gender Equality and Empowerment of Women: The Government has made significant strides in policy and legislative reform in addressing the challenges of gender based violence in the country evidenced by the approval of the National Gender Policy of 2010, the enactment of People Trafficking and People Smuggling Act, as well as the Child Protection and Welfare Act of 2012. Implementation of these legal frameworks included; construction of child friendly courts, toll free lines, establishment of the Domestic Violence and Victims support Centres in police stations, establishment of one stop centres (to provide care and support for gender based violence survivors).

74. Environmental Sustainability: The country has made substantial progress in accessing safe drinking water by the population. The proportion of people with access to safe drinking water has increased by 16% from 56.4 percent in 1997 to 72.4 percent in 2014 at national level. The improvement is observed in both the rural and urban areas. In 2014, 63.4 percent of the rural population had access to improved water sources compared to 95.8 percent for urban areas. As of 2014, the proportion of the population estimated to have access to electricity is 65 percent. Urban and rural households had electricity access of 83.8 percent and 53.8 percent, respectively.

75. Other factors leading to the achievements in environmental sustainability include increased usage of clean water supply, establishment of rural electrification programme to provide electricity to schools, health facilities, essential public institutions and communities as well as the reduction in consumption of carbon emissions.

B. Challenges and constraints

76. Free Primary Education: Despite the success of the programme in increasing enrolment rates, challenges remain. In some cases there was a wide range in the ages of the children that were enrolled and this offered some teaching frustrations as the levels of development of the children varied greatly. The removal of all barriers to access primary education had not been fully realized; some children are still not in school. There are social factors that still hinder some children's access to education and these include issues of uniform, child headed families where food and other amenities are not easily accessed. The Ministry is working hard to ensure that these issues are addressed through the Care and Support to Teaching and Learning (CSTL) programme.

77. The high demand for primary education created a need for additional teachers. However, there was a shortage of appropriately qualified teachers. According to the Annual Education Census Report (2010), 25% of the primary school teaching staff was not appropriately qualified to teach at that level. This necessitated the deployment of irrelevantly qualified teachers into the primary level, mainly teachers qualified for the secondary level, thus compromising the quality of education. This is because in Swaziland secondary level teachers at times take a single major and cannot offer all the subjects like primary trained teachers, importantly, they do not possess the pedagogy skills to teach children between ages of 6 to 18 years in one class in some cases.

78. Intake rates also imply some policy shifts. Swaziland witnessed an increase in Early Childhood Care and Education (ECCE) centres during the 2010-2015 period which influenced some primary schools to begin demanding a child to have a pre-primary experience before they enrolled them. The Completion cycle of children enrolled has not been fully realized; a sizeable number of children have not reached grade 7. Out of 40,000 enrolled, about 27,000 sat for Swaziland Primary Certificate (SPC) examinations.

79. The education and training sector faced serious budgetary constraints in the beginning of financial year 2008/9 following the global meltdown which led to budget cuts

and a declining share for the sector. Since then, economic growth remained stagnant which was an indication that spending in education is not likely to improve in the near future. The Ministry of Education and Training (MoET) budget increase from the previous years is only barely sufficient to keep pace with the r[illegible] of inflation. The significant increase in total enrolments in the education and training sector represent a decline in expenditure per student in real terms.

80. As Government took over the payment of fees, schools' income gradually declined in some schools which were previously charging above the government approved grant per learner. This has unfortunately led to a phenomenon where schools were charging a 'top-up' fee alleging that the Government grant is not enough. This has created problems for Government as those marginalized children who had entered under FPE are being gradually forced out of the system by the charging of top-up fees. However, the Government is looking into this issue with an aim of coming up with a lasting solution.

81. None adherence by schools to policy on repetition and admission: There is a high repetition rate at primary level which counters the effectiveness of the FPE programme. In 2012 there were about 40 000 learners repeating and these represents 16% of the total enrolment. This is about the total enrolment of a grade, which suggests that each year the FPE goes to the next grade, about the same number of learners repeat, which is a waste.

82. Mainstreaming Special Education Needs: A majority of teachers in primary schools are still not yet capacitated to support learners with special needs. Furthermore, the teaching and learning material and equipment is still not enough to cater for all the learners enrolled.

83. Lastly the disparities in rural and urban schools result in rural to urban migration. This results in high teacher pupil ratio in urban schools to the extent of 1:60.

84. The HIV and Aids Programme: Funding for the National response is inadequate to implement all required action. The National response is funded by two main external donors: The Global Fund to fight Aids, Tuberculosis and Malaria and the United States President's Emergency Plan for Aids Relief (PEPFAR).The dependency on these two main external donors creates concerns about the sustainability of the national response. This challenge can be overcome by strengthening public – private partnership for a more robust social responsibility by private companies.

85. The systems for appropriate resource allocation are insufficient. The National AIDS Spending Account (2011) reported that approximately 41% of the total funding in the last fiscal year was spent on coordination and management, followed by treatment, care and support (26%), and impact mitigation (25%). HIV prevention which is the key priority for Swaziland consumed only 8% of total expenditure.

86. The global economic and financial crisis has had an impact in the wellbeing of people in Swaziland just like many other countries. With the job losses that the country has experienced because of the financial crisis, some of the survival mechanisms that people have resorted to are leading to new HIV infections. This is further compromised by the prevailing drought situation.

87. The Malaria Prevention Programme. Low incidence of malaria in the country poses as a threat towards health seeking behavior as people no longer regard it as a threat.

88. Global warming, resurgence of malaria in areas that did not have malaria in the past 5–10 years.

VI. Key national priorities

89. Providing Quality Education And Lifelong Learning: In taking the education development agenda forward, the Government in collaboration with the World Bank and the European Union (through the Support to Education and Training (SET), undertook a comprehensive Education Sector Review in 2009. The aim was to amass critical knowledge on how the sector could be restructured so that it supports accelerated growth, reduces poverty and enhances the standards of living of the people of Swaziland. The Review has assisted the Education Sector to consolidate its priorities and has created a key information base for development of two key documents:

(a) Education Sector Strategic Plan (ESSP) in 2010; and

(b) Education and Training Sector Policy in 2011.

90. These policy documents provide a strategic and visionary framework for the sector and support the wider context of Vision 2022. The objective is to provide an equitable and inclusive education system that affords all Swazi citizens access to free primary education of real quality, followed by opportunities of life-long education and training, thus enhancing personal development and contributing to Swaziland's cultural development, socio-economic growth and global competitiveness. The Education Sector Strategic Plan (ESSP) is long term, covering the period from 2010 to 2022. It covers key sub-sectors including Early Childhood Care and Education (ECCE), General Education (Primary and Secondary Education), Technical and Vocational Education and Training (TVET), Higher Education, and Adult and Non-Formal Education.

91. With support from the EU SET programme and other partners, Government has developed an action plan to facilitate the implementation of the ESSP and the Sector policy. This action plan is referred to as the National Education and Training Improvement Programme (NETIP) and its focus is to clearly articulate education sector (EDSEC) activities within the short-term period of one to three years.

92. The MoET is undertaking a curriculum reform to ensure that competency based education is introduced in the system. This is a skill based education of ensuring the provision of quality education. The Swaziland National Higher Education Council has been established which will focus on issues of quality education in higher learning. The National Qualification Framework is being developed which will direct and analyze skills to be taught and developed to contribute to the development of the country.

93. Eradication of Poverty: Despite the diversity and complexity of the challenges, the Government and people of Swaziland remained firm and determined to reverse the situation and advance development forward by tracking the economy back into the right and sustainable path. Seeing that Swaziland's best asset is her people, Government has introduced a number of measures aimed at safeguarding the lives and livelihoods of the poor and vulnerable groups while at the same time keeping intact sound mechanisms to accelerate economic growth and recovery.

94. Innovative and creative programmes that selectively target vulnerable groups such as orphans, women, children and the elderly were put in place to rectify social imbalances and meet the pre-set targets for 2015. These included: establishment of the Youth Enterprise Fund, Regional Development Fund, Poverty Reduction Fund, subsidising farming inputs, establishment of Orphans and Vulnerable Children (OVC) grant, the elderly grant, Free Primary Education (FPE), Free Ante- and Post Natal Care for women, & children and Medical Phalala fund. Furthermore, measures to promote youth employment, regional and agricultural development as well as commercialization and women's empowerment were introduced.

95. Ensuring Healthy Lives. To ensure healthy lives the Health sector has developed the Health Sector Strategic Plan 2014-2018. This plan highlights priority areas that are addressed under five broad thematic areas, that will take into account the newly agreed Sustainable development goals:

(a) *Promoting health through the life course*. A focus on promoting health through the life-course calls for addressing the barriers to good health that occur throughout gestation, childhood, adolescence, adulthood and elderly phases of life. The health sector intends to introduce and scale up a range of interventions aimed at promoting health throughout the life course. It intends to achieve this by focusing on enhancing the integrated approach to delivery of child and maternal survival services; providing a male-tailored Essential Preventive Health Service Package; promoting understanding and practice of healthy ageing for men and women; making physical Exercise for All (E4A) a popular sustained national campaign; as well as promoting, protecting and supporting appropriate infant and young child feeding practices and behaviours with focus on the first 1000 critical days.

(b) *Prevention and Control of Communicable and Non-Communicable conditions*. Swaziland is faced with a double disease burden, where majority deaths are due to communicable diseases. Figures show an increase in the non-communicable diseases warranting the need to continue to focus on the prevention and control of both communicable and non-communicable diseases. The health sector intends to move towards universal health coverage with critical interventions addressing communicable and non-communicable conditions.

(c) *Influencing health action in key sectors*. Many factors outside the health arena affect the health of individuals and the communities they live in. Such factors include environmental, cultural and socio-economic influences. The health sector intends to develop relevant strategies to guide its work with health-related sectors so as to achieve the prioritization and implementation of critical health-related actions. Since such actions fall within the mandate of other sectors, but have a significant influence on health outcomes, the health sector will build linkages with the sectors responsible for these actions so as to work with them and ensure that the actions are properly implemented to achieve better health outcomes. This will include addressing issues of access to safe water, improving sanitation, access to education for young girls, access to proper housing ventilation and work place safety measures.

(d) *Managing medical and related conditions*. Providing medical care for medical conditions is often complex as patients require multiple resources, treatments and providers and it continues to be the core priority and mandate of the MoH. Special efforts will be paid to increasing access to specialist care through a number of strategies including Private Public Partnership (PPC), construction of National Referral hospitals as well as utilising technology to advance medical care. The health sector intends to provide high quality services by ensuring that all clients are attended to by a sufficient number of qualified, competent and skilled health personnel with the right skill mix. Improving infrastructure, equipment and supplies is also one area to be considered in providing quality services.

(e) *Rehabilitation following health events*. Rehabilitation is a set of measures that assist individuals who experience or are likely to experience disability to achieve and maintain optimal functioning in interaction with their environment. When provided on a continuum of care ranging from hospital care to rehabilitation in the community, rehabilitation can improve health outcomes, reduce cost by shortening hospital stay, reduce disability and improve quality of life for individuals and their family.

(f) Rehabilitative services focus on returning patients to near-normal health following an illness episode, and where restoration to health is not possible, they help in managing the terminal illness in the most humane manner possible for the patient and the family. Rehabilitative services are inclusive of six programmatic services, namely:

(i) physiotherapy;

(ii) occupational therapy;

(iii) speech therapy;

(iv) audiology;

(v) dietetics; and

(vi) orthopaedic technology.

(g) Palliative care aims at improving the quality of life of patients and families facing problems associated with life-threatening illness by focusing on the prevention and relief of pain, suffering and loss of functional ability in all spheres of life.

(h) The sector intends to scale up access to rehabilitative services to ensure that clients needing such services are able to access them. This requires that all facilities have access to these services as well as the attendant infrastructure and resources. The focus is on providing quality rehabilitative, palliative and forensic services and ensuring that rehabilitative and palliative care services are sufficiently decentralized, as per the Essential Health Care Package (EHCP).

VII. Expectations in terms of capacity building and technical assistance

96. In a bid to continue implementation of the accepted recommendations, domestic and international obligations, the Government requires technical assistance and capacity building in the following spheres:

(a) Capacity building in treaty-body reporting, following up on concluding observations and recommendations of special procedures and mechanisms of the United Nations including national monitoring of the implementation of international human rights treaties;

(b) Human rights training programmes for members of the judiciary and the disciplined forces on a continuous basis;

(c) Assisting the Commission on Human Rights and Public Administration in implementing its strategic plan;

(d) Mounting of public awareness campaigns on human rights and developing advocacy materials;

(e) Strengthening of institutions established to protect democracy such as the Elections and Boundaries Commission, the Anti-Corruption Commission and the Commission on Human Rights and Public Administration.

Notes

[1] Recommendation 77.1, 77.10 and 77.11 – France, Spain and Argentina.
[2] Recommendation 77.1,77.7 and 77.9 – France, Slovenia and Brazil.
[3] Recommendations 77.2,77.12, and 77.13 – France, United Kingdom and Holy Sea.
[4] Recommendations 77.11, 77.15, and 77.36 – Argentina and Burkina Faso.
[5] Recommendations 77.2,77.25, 77.27,77.34,77.35,77.44 and 77.46 – France, Space, Slovakia, Switzerland, United Kingdom and Norway.
[6] Recommendation 77.25 – France.
[7] Recommendation 77.20 – France.
[8] Recommendation 77.22 – Ghana.
[9] Recommendation 76.17 – Canada and 76.6 – Hungary.
[10] Recommendation 76.35 – Canada.
[11] Recommendation 76.36 – Canada.
[12] Recommendation 77.49 – Hungary and Norway, Recommendation 77.50 – Slovakia.
[13] Recommendation 77.31 and 77.38 – Slovenia and Uruguay.
[14] Recommendation 77.54 – Norway.
[15] Recommendation 77.28 – Switzerland.
[16] Recommendation 77.76 – South Africa.
[17] Recommendation 77.47 – United States of America.
[18] Recommendation 77.36 – Sweden.
[19] Recommendation 77.57 – Sweden.